

## NOTICE OF INDEPENDENT REVIEW DECISION

July 24, 2002

RE: MDR Tracking #: M2-02-0562-01  
IRO Certificate #: 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The \_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 30 year old female sustained a work-related injury on \_\_\_ when an elevator in which she was riding fell eight floors. She had a sudden jerking motion that led to low back pain. The patient underwent an MRI on 03/27/01 and a discogram and CT scan on 09/07/01. The patient continues to complain of pain in the lower part of her back and into the right gluteal area. The treating neurosurgeon feels that the L4-L5 is most likely the level of the patient's pain and has recommended that the patient undergo Intradiscal Electrothermal Therapy (IDET) at L4-L5.

### Requested Service(s)

IDET at L4-L5

### Decision

It is determined that the IDET at L4-L5 is medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The patient has attempted extensive conservative treatment to no avail in relief of her symptoms. The lumbar discogram is described as showing an L4-5 full thickness annular tear with contrasting extravasation. In addition, this discogram reproduced severe concordant pain during the injection at L4-5. This patient is suffering from axial pain which is characteristic of internal disc disruption at the L4-5 level. This pain is sometimes referred to as discogenic pain. It is not associated with true radicular pain or neurologic deficit of any sort. The sole diagnostic study, with which this diagnosis may be made, is a lumbar discogram with the production of concordant pain, radiographic signs of internal disc disruption with annular tear and extravasation and the above confirmed on post-discogram CT. Based on the fact that these circumstances were present with this patient, the procedure of IDET is indicated.

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This decision by the IRO is deemed to be a TWCC decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**If disputing other prospective medical necessity (preauthorization ) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,